

of blindness and the conservation of vision, will be presented this year to Dr. William Zentmayer of Philadelphia, it is announced by the National Society for the Prevention of Blindness.

This highly prized token of recognition in the field of public health is given upon the recommendation of the Association for Research in Ophthalmology.

Despite his 80 years, Dr. Zentmayer is in active practice as an ophthalmologist. He is Professor Emeritus of Diseases of the Eye, Graduate School of Medicine, University of Pennsylvania.

The conditions of the Leslie Dana Gold Medal award set forth that it is to be made for "long meritorious service in the conservation of vision in the prevention and cure of diseases dangerous to eyesight; research and instruction in ophthalmology and allied subjects; social service for the control of eye diseases; and special discoveries in the domain of general science or medicine of exceptional importance in conservation of vision."

Immune Serum Globulin for the Prophylaxis and Modification of Measles.—The report received from health officers and physicians through July 15, 1945, by the California State Department of Public Health on the use of immune serum globulin for the prophylaxis and modification of measles showed the following results:

Total reports received	448
No measles	304 (68%)
Measles	142 (32%)
Not stated	2

Of the 142 recipients who subsequently developed measles, 101 were classified as mild cases, 33 as moderately severe and only 8 as severe.

The reports also showed that in 330 cases or 74 per cent of the total, the immune serum globulin was administered within six days after the date of exposure.

This product may be ordered from: Bureau of Acute Communicable Diseases, California State Department of Public Health, 1122 Phelan Bldg., 760 Market St., San Francisco 2, California.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Physicians

It is a reasonable thought that reduction in the size of the army after the victory in Europe should free some doctors to return to civilian practice where there is a great shortage. However, this is not a matter for curb-stone opinion. A Senate subcommittee went to work yesterday on the only line that can develop the facts, an investigation. The Army may not like to let go of any of its doctors, but the Senate has means to find out whether it still needs all those in uniform or could spare some without harm. As to the present scarcity of physicians in many communities there is no question.

This is a matter on which, if the Senate finds good reason, it may be able to do something promptly. The question of an adequate number of physicians for civilian needs in the future, which the subcommittee also proposes to look into, is not subject to swift action. Classes in medical schools have fallen off markedly, due to the draft. These years lost in the training of doctors are gone and cannot be made up by short cuts if standards are to be maintained. To make them good eventually may need some special encouragement of young men to undertake the arduous course necessary to prepare for the practice of medicine.—Editorial in *San Francisco Chronicle*, July 12.

Rupert Hughes Address—On "Cradle to Grave" Proponents

On June 16, 1945, the National Broadcasting Company presented Rupert Hughes . . . soldier, novelist, historian and humorist. Some excerpts from his address follow:

We are indeed fearfully and wonderfully made; and we live in a fearful and wonderful world. The cosmic rays that pierce us with their subtle lightnings come from out-

side our sphere. The starlight that falls so gently upon our eyes may have come from some far star that died a hundred thousand years ago. Yet we shall never know it, for the last of its rays will not reach the earth for another fifty thousand years or more. . . .

The danger of life today—and a growing danger—is that in trying to make everybody on earth our neighbor and our responsibility, we shall have no neighbors at all and we shall become not helpers but horrible meddlers.

Today we are being hounded to death by professional lovers of all mankind, universal busybodies; who have taken the whole world as their nurseries.

They promise us "security from the cradle to the grave." But who wants such security as they could give from such people as they are? What we really want is security from the security-mongers.

But why guarantee us only security from the cradle to the grave. Why stop there? One of the most important things in life is selecting your grandfather and mother. Most people put it off till too late. Will the government take care of that prenatal insurance—give us security before the cradle?

And why stop providing Security at the edge of the grave? That's when insecurity really begins. And that's too late, usually, to do much about it. . . .

Can anyone really look at the government today and the vast armies of municipal, state and federal employees and bosses who make up government, and trust either his immortal soul or his mortal body to it? Can anybody look at that mob and call it Papa or Mama and feel safe in its arms? . . .

These people who would save everybody on earth from any of the risks of life are not really the big-hearted lovers of mankind they pretend to be. They are simply the old familiar type of philanthropist who is far sighted that he ignores the suffering all about him.

I have encountered those very people before in appeals I have made for certain poor sufferers I wanted them to help relieve. They actually answered, "We are going to put an end to poverty. We are too busy to turn aside for mere individuals."

So these cosmic benefactors who would feed all the earth, keep everybody rich and happy, are overlooking and trampling the wretchedness all about them.

You may have noticed that they themselves draw salaries. They do not employ others. They build no factories. They sell their writings and their eloquences, but pay no wages, feed no hungry. Their very philanthropy is for sale. While shouting slogans about providing for everybody, they provide first for themselves. They make good money and win themselves glittering names as philanthropists. But they are apt to be hollow shells when it comes to helping their immediate neighbors and their own poor relations.

The worst of it is that by monopolizing the claims to kindness and hogging up all the credit for loving mankind, they make the rest of us look selfish and cruel. If you say you are afraid to try to feed all the world, they point you out as a brute without heart.

Their latest atrocity is the slogan: "Poverty anywhere is a Menace everywhere."

That is a slogan to put an end to all slogans. . . .

These omnibus philanthropists who would save all mankind or none, used to wait that more than one-third of our population is ill-fed, ill-housed, and ill-clothed. And they said that the government must try to feed everybody well, give everybody what he thinks is a proper house, and dress him and her to their liking.

Where will they stop? Everybody will make everybody rich.

Could anything be more insane? Nothing, except most of the other proposals of these fanatics who are running away with people's wits. What is it to be ill-fed? Most of us eat far too much. What is it to be ill-clothed? The sunlight is medicine. Ill-housed? He who has a mansion envies him who has a castle. . . .

Permanente Hospital Pharmaceutical House

Infra-red lamps have gone into pharmacy. They do highly important work in the plant of Royfield and Company, 4921 Broadway, Oakland, manufacturers of pharmaceutical products and distributors of hospital supplies and equipment. This firm's primary purpose is to furnish medicines and other essentials to the Permanente Hospitals established, at the suggestion of Henry J. Kaiser, in Oakland, Richmond, Fontana and Vancouver, Washington. But the establishment also serves other institutions and industries. It is owned by Dr. Sidney R. Garfield, director of the Permanente Hospitals, and his associate, Dr. C. C. Cutting. . . .—*San Francisco P. G. and E. Progress*, July.

A Constructive Program

John H. Fitzgibbon, M.D., Portland, Oregon, chairman, Council on Medical Service and Public Relations of the American Medical Association, in a recent statement to physicians and secretaries of medical organizations in Chicago, said: "The health of the people of America is our direct concern and a responsibility that cannot be ignored. . . . As medical men and women, we possess information needed by lawmakers and other public servants. . . ."

"The objective of the American medical profession is 'availability of medical care of a high quality to every person in the United States.' . . ."

"Since 1875 . . . the American Medical Association has advocated 'the establishment of an agency of Federal government under which shall be coordinated and administered all medical and health functions of the Federal government, exclusive of those of the Army and Navy' . . ."

Other points emphasized by the Association and stressed by Dr. Fitzgibbon are:

(1) Extension of medical services to all the people and the utmost utilization of qualified medical and hospital facilities already established.

(2) Continued development of the private practice of medicine, subject to change necessary to maintain quality of medical services and increase their availability, including extension of voluntary hospital and medical insurance.

(3) Expansion of public health and medical services consistent with the American system of democracy.

(4) Allotment of public funds, on proof of need, to states when needed for prevention of disease, promotion of health and care of sick.

(5) That public health and medical service is primarily a local responsibility.

(6) The development of a mechanism for expansion of preventive medical services for the indigent, with local determination of needs and local control of administration.

Medical care can be made available to all through the cooperation of medical and allied professions, government, industry, labor and other interested groups, whereas continued attempts at compulsion will aggravate confusion and delay the earliest availability of a high quality of medical service to every person.—San Francisco *Western Underwriter*, May.

Hope For Better Veteran Care

The reports by veterans organizations of poor conditions in various veterans hospitals throughout the Nation are shot with one significant undercurrent.

Bad food, low morale, inefficient operation, overcrowding, inadequate recreation, arrogant administration and medical and surgical lacks are charged in nearly all instances to the handicap of "bureaucratic control, official red tape and regimentation." To every family of a serviceman or veteran, that is vitally important information.

There is no lack of money, certainly for the imperative purpose of taking proper care of our veterans. With the appointment of General Bradley, veteran of this war, as head of the Veterans' Administration, there should be a complete housecleaning and thorough reorganization to assure every boy who risked his life for his country, the finest care available, unhampered by the red tape and regimentation that petty officialdom heaps so heavily on the shoulders of otherwise competent veteran administrators and medical men.

"Veterans are thoroughly sick of those tactics when they get their discharge papers," declared Fred Kraft, San Diego Assemblyman, as the Legislature adjourned last week. "That is why we refused at this session to embroil the people in any compulsory plan of medical insurance. The story would be exactly the same—red tape, politics and regimentation—when a fellow really needs a competent doctor or a good rest!"

If we are not to deal shabbily with our fighting men, conditions in many of the veterans hospitals must certainly be improved. Only high type hospital personnel, relieved of some of the bureaucratic, paper-pushing chores that impede the job they really want to do, can help this Nation discharge its solemn obligations to its veteran sons.

The spring issues of Reader's Digest and Cosmopolitan (one a reprint) were shocking in their illuminative information regarding hospitals under Veterans' Administration.

It's time for improvement—and hope is in General Bradley's appointment.—King City *Rustler-Herald*, June 21.

Forty San Francisco Doctors Form Guild

Approximately forty San Francisco physicians and surgeons have formed a guild to serve as a collective bargaining

agency in what is believed to be the first union of doctors in the United States, it was learned today.

The physicians, all on the staff of the Southern Pacific Hospital, have elected Dr. James Guilfoil president of the guild.

"The purpose of the guild is to provide a collective bargaining agency under the provisions of the Wagner act—to represent the doctors in matters of wages and hours, if, as and when necessary," a spokesman of the organization said.

The union, according to its members, did not grow out of any controversy with the labor-employer management of the S. P. Hospital, but is the result of several years' thinking. They described relations at the hospital as "harmonious."

The guild is not affiliated with the A.F.L., C.I.O. or any other labor organization.

Dues of Southern Pacific employees in the hospital association were increased, but spokesmen for the guild declared this was caused by increased costs and not because of the doctors union.

In addition to Dr. Guilfoil, officers of the guild include: Vice-President, Dr. Edmund J. Morrissey; secretary, Dr. Robertson Ward; treasurer, Dr. Wilber F. Swett; directors, Drs. Thomas E. Gibson, James J. McGinnis, Vance M. Strange and John Jay O'Connor.—San Francisco *Call-Bulletin*, August 1.

Forty San Francisco Physicians With Southern Pacific Hospital Organize First Medical Guild

In what is believed to be the first union of its kind, approximately forty San Francisco physicians, surgeons and dentists have formed a group called the Railroad Physicians and Surgeons Guild here, it was disclosed yesterday.

All are members of the staff of Southern Pacific Hospital in San Francisco.

A spokesman denied reports that the prime purpose of the guild is to provide a collective bargaining agency under provisions of the Wagner Act, declaring:

"We sought to organize, so that we could cooperate with the Southern Pacific Company, the hospital, and its board of managers to give better service.

"In our purposes outlined for the guild, collective bargaining was not one of them. However, if the occasion arose, we presume collective bargaining would be entailed.

"There appears to be nothing different in this guild in comparison to the various medical societies and organizations now in existence except that this is called a guild," said Dr. G. Dan Delprat, president of the San Francisco County Medical Society.

"As for collective bargaining—if and when it became necessary—the San Francisco County Medical Society has done some collective bargaining. This was when we had objected to the way the health service operated and we advocated that the system be changed."

Officers of the guild include Dr. James Guilfoil, president; Dr. Edmund J. Morrissey, vice-president; Dr. Robertson Ward, secretary; Dr. Wilber F. Swett, treasurer, and as directors, Drs. Thomas E. Gibson, James J. McGinnis, Vance M. Strange and John Jay O'Connor.—San Francisco *Examiner*. (For editorial comment, see p. 57.)

U. S. Traffic Death Toll Hits 11,160

Chicago, July 29.—(AP).—The nation's traffic death toll of 1,920 for June raised to 11,160 the total for the first six months of this year, the National Safety Council reported today.

The six-month figure was 1 per cent below the same period last year but 10 per cent higher than in 1943.

The June deaths figured 11 per cent more than in the same month last year and 14 per cent greater than June, 1943. Mileage in May, the council said, was between 4 and 5 per cent over May, 1944.—Los Angeles *Times*, July 30.

California Federation of Business and Professional Women Urges Study of State Health Plan

"The average woman does not know enough about the provisions of her insurance and social security," according to Mrs. Helen Matlock, who is spearheading the campaign of "Educate—Not Legislate" for California Federation of Business and Professional Women. Mrs. Matlock, president of the local B.P.W. Club and legislative and political chairman for the State group of 10,000 women, is largely responsible for the committee of five to be appointed within the next few days by the State president, Miss Ethel M. Johnstone of San Francisco.

The committee will study provisions of pending legislation affecting health and insurance in California and be

prepared to express an intelligent opinion on the measures when the special session of the legislative convenes next January.

"The intense feeling aroused by Governor Warren's proposed health bills in the recent sessions showed how deeply concerned the people are over anything that affects their health," Mrs. Matlock pointed out.

"Yet most of them know very little about the laws that govern our insurance and hospitalization. Our job as a federation should include a thorough study of the existing laws and proposed bills, followed by a poll of our members so that next year we can say to our representatives: 'Here is what 10,000 women want in the way of health legislation.'"

"Most of the federation members are employed women, and that means that the provisions of the social security laws are of vital importance to them," Mrs. Matlock stated.

She is asking for another committee of five women from all parts of the State to study the status of social security laws, especially as they affect women, and to report their findings to district and local clubs. . . .—*Sacramento Union*, July 22.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

Evidence of Malpractice

The case of *Dixon v. Norberg* (157 Pac. 2d 131), decided March 12, 1945, by the Supreme Court of Colorado, illustrates the very slight evidence which will justify submission of a malpractice case to a jury for decision, and will support a verdict against a defendant physician and surgeon.

In the *Dixon* case the undisputed testimony disclosed that the plaintiff, while eating, swallowed a small pork bone, which became lodged in her throat, and caused such distress that she visited the defendant physician's office immediately, with her husband, for treatment.

There the defendant, after making two unsuccessful attempts to remove the bone by means of an instrument carrying a piece of surgical cotton on it, told plaintiff that he could do nothing more for her and that she should consult a specialist. He then called another physician, who instructed him to take x-rays, which he did, and then sent plaintiff to the specialist. This physician, by means of an esophagoscope, removed the bone. He first located some cotton on the left side of the esophageal wall. This cotton was on the pork bone, and when the cotton was removed the bone came with it. Subsequent examination disclosed a tear in the esophageal wall. No damage was occasioned by use of the esophagoscope itself.

As a result of the tear in the esophagus plaintiff became seriously ill and brought this action against the defendant for malpractice, alleging that he had treated her negligently in attempting to remove the bone, thus injuring the esophageal wall.

Defendant testified that when plaintiff consulted him he detected a foreign body in her throat, and, by means of a laryngeal forceps with a piece of surgical cotton on the end, he tried to wipe this foreign body from the throat with a sweeping motion from below upward. Being unsuccessful, he called the specialist, who was ultimately successful in removing the bone. The defendant stated positively that he did not insert the forceps down the esophagus of the plaintiff to the point where the specialist testified the pork bone was located, and that it would have been physically impossible to have done so.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

Another physician, called by defendant as a witness, testified that the method used by defendant was approved in the general practice of medicine in the community.

Plaintiff testified that the defendant did put the forceps down her throat, and that she felt a sharp pain, and that immediately afterwards there was some hemorrhage.

There was medical testimony to the effect that the cotton might have been swallowed by plaintiff in the operations heretofore discussed, and in its journey down the esophagus, have come in contact with the bone and adhered thereto. It was also testified that the adherence of the cotton to the bone was so firm that the impact between the bone and the cotton must have been with more force than that involved in the act of swallowing. Although defendant testified that plaintiff complained of the foreign body being in the upper reaches of her throat, the specialist testified that when defendant telephoned him he had stated that the patient in the office had a bone in her esophagus.

Other medical specialists called by plaintiff, contrary to the testimony of defendant's witness, stated that the manner in which defendant probed for the bone in the esophagus was not good practice considering "the present standards in the profession for a general practitioner."

The jury rendered a verdict for the plaintiff in the sum of \$7000.00.

On appeal the principal question presented to the court was whether there was sufficient competent evidence in plaintiff's favor to warrant submission of the case to the jury. The court held that here there was a conflict in the testimony which warranted its submission to the jury, and the evidence in plaintiff's favor was sufficient to justify the verdict rendered.

The court approved the following instruction given to the jury by the trial court:

"You are instructed that in judging the proper degree of skill to be exercised by a physician or surgeon in any given case, regard is to be had to the advanced state of the profession at that time, and that a physician or surgeon by holding himself out to the world as such impliedly contracts that he possesses the reasonable degree of skill, learning and experience which good physicians and surgeons of ordinary ability and skill, practicing in similar localities, ordinarily possess, and that he will use his skill with ordinary care and diligence according to the circumstances of the case, and if you find that the defendant in this case did not use ordinary care and diligence then you will find for the plaintiff."

The Supreme Court, therefore, considered the testimony offered on behalf of plaintiff sufficient to establish a departure from the standard of care or degree of skill which justified a verdict against the defendant for malpractice.

LETTERS†

Concerning C. and W. M. article on "Black Widow Spider":

(COPY)

SIMMONS-BOARDMAN PUBLISHING CORPORATION

Chicago, Ill., 14 July 1945.

To the Editor: I am writing to you at the suggestion of the American Medical Association to ask if I may quote two or three paragraphs from an article which appeared in the November, 1935, issue of CALIFORNIA AND WESTERN MEDICINE.

The article in question deals with the Black Widow spider (*Lactrodectus mactans*), and was written by Dr. Russell M. Gray of Indio, California.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.